

Description	Failing		Struggling		Solid		Excellent		Exceptional ("one of the few")
RIME			PRE-REPORTER		REPORTER		INTERPRETER		MANAGER
Oasis selection	Ne Imp Low	Ne Imp Mid	Ne Imp High	Meets Low	Meets Middle	Meets High	Exceeds Low	Exceeds Middle	Exceeds High
✓ selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SPA 1: Take a patient-centered history (focused and complete)</b>	Unable to elicit important information. Questioning <b>lacks a focus and a flow.</b>  Main problem is not identified.  <b>Misses nonverbal</b> clues.		Questioning is <b>incomplete, unfocused</b> , close-ended. <b>Relies on others</b> history.  <b>Struggles to identify main problem.</b>  <b>ROS is lacking</b> or disorganized. <b>Misses most</b> nonverbal cues.		<b>Reliably</b> gathers history, beginning with <b>open ended</b> questions.  Student line of questioning <b>explores</b> patient's <b>central issue</b> and follows with <b>complete ROS</b> .  <b>Picks up</b> on many <b>nonverbal</b> cues.		<b>REPORTER skills → → PLUS</b>  <b>Gathers patients baseline</b> , then <b>chronological HPI</b>  Line of questioning/ROS <b>also explores differential diagnosis.</b>  Questioning is <b>sensitive to cultural/social background.</b>		<b>INTERPRETER skills → → PLUS:</b>  Able to easily <b>adjust technique</b> with communication barriers, or challenging patient  Inquires about relevant <b>social determinants</b> and <b>system</b> factors that influence history to <b>gain a global view.</b>
✓ selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SPA 2: Perform a physical examination</b>	Unreliable physical exam.  <b>Fails to recognize abnormal.</b> Depends on <b>exam of others.</b>		<b>Incomplete</b> exam.  <b>Misses major abnormal</b> findings. <b>Rote, unable to focus</b> to differential diagnosis.		<b>Complete</b> exam, maneuvers performed <b>correctly.</b>  <b>Recognizes</b> key findings and most <b>abnormal</b> findings. <b>Focuses exam</b> to explore the <b>central issues/chief</b> complaint.		<b>REPORTER skills → → PLUS</b>  <b>Skillful</b> maneuvers. Recognizes all <b>major abnormal</b> findings. Explores <b>pertinent +/-s to evaluate</b> both central issues <b>AND</b> a <b>differential diagnosis.</b>		<b>INTERPRETER skills → → PLUS:</b>  Applies <b>evidence-based principles</b> to interpret exam (ie LR's)  <b>Uses exam</b> to identify new problems, and <b>uses findings to influence testing.</b>
✓ selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SPA 9: Document and present patient findings and treatment plans (Write ups/Oral Presentations)</b>	<b>Inaccurate</b> history with <b>Critical</b> pieces <b>omitted.</b>  Data gathered in subsequent sections is <b>disorganized, inaccurate, or incomplete.</b>		Disorganized, unfocused HPI. <b>Misses some important pieces.</b>  Follows HPI with <b>disorganized, unfocused</b> presentation of data.  <b>Too much or too little</b> information given.		<b>Comprehensively</b> and accurately presents the patient, starting with <b>baseline</b> , then <b>chronological HPI</b> , followed by an <b>organized</b> presentation of <b>filtered</b> data in each section.  <b>Filters out unimportant</b> data. <b>Data</b> presented is <b>focused to central</b> issues.		<b>REPORTER skills → → PLUS:</b>  Presents data that is <b>focused to central issue AND</b> an <b>accurate differential</b> diagnosis.  For the listener, <b>the differential diagnosis is clear</b> by the end of the HPI and represented in exam and data sections.		<b>INTERPRETER skills → PLUS:</b>  Presents a <b>global view</b> of the patient that takes into account <b>social determinants</b> and <b>system factors</b> that <b>influence</b> presentation and <b>management.</b>
✓ selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SPA 10: Explain the scientific principles of medicine as applied to differential diagnoses and patient care plans "Applied knowledge"</b>	Demonstrates a <b>poor understanding</b> of pathophysiology of diseases.  <b>Unable to describe scientific rational</b> for tests and treatments proposed by student or others.		When probed, <b>inconsistently</b> able to explain <b>disease mechanisms</b> of <b>central</b> issues.  When probed, <b>inconsistently</b> able to explain <b>scientific rational for tests</b> and treatments suggested in plan.		Able to <b>accurately explain</b> disease mechanisms of <b>central problem</b> and <b>differential</b> diagnoses.  When probed, <b>able to explain scientific basis of tests and treatments</b> suggested in plan.		<b>REPORTER skills → → PLUS</b>  <b>Applies</b> strong <b>knowledge</b> base of diseases to <b>defend</b> and <b>prioritize differential</b> diagnosis.  <b>Fluidly, accurately interprets</b> clinical <b>data to inform</b> the differential diagnosis.		<b>INTERPRETER skills → → PLUS</b>  <b>Advanced understanding</b> of interpreted data to <b>independently make decisions</b> about next steps.  May use <b>test characteristics</b> to <b>predict post-test probabilities</b> of disease to influence next steps

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SPA 4: Prioritize a differential diagnosis based on clinical reasoning	<b>Unable to gather</b> , recognize and report appropriate clinical data in order to form assessment statement or differential diagnosis.  Always <b>requires assistance</b> to form a problem list.		<b>Does not know what data is important</b> to form assessment statement. Requires probing to form working diagnosis.  <b>Struggles</b> to form or omits a <b>differential diagnosis</b> . Problem list disorganized, <b>misses</b> some important <b>problems</b> .		Forms an assessment statement that <b>contains most relevant</b> clinical <b>information</b> and usually correctly identifies <b>most likely diagnosis</b> .  <b>Requires</b> some <b>input</b> from team to <b>refine working diagnosis</b> and to <b>prioritize</b> differential diagnosis.  Forms an accurate problem list but <b>missing</b> smaller <b>problems</b> .		<b>REPORTER skills → → PLUS</b>  Forms assessment statement that <b>incorporates KEY and discriminating</b> features to reach accurate top diagnosis.  Independently <b>forms</b> prioritized <b>differential diagnosis</b> . Independently <b>identifies and prioritizes</b> accurate <b>problem list</b> .		<b>INTERPRETER skills → → PLUS:</b>  Independently <b>develops and defends</b> a diagnostic and therapeutic <b>plan</b> for patients' <b>central problem(s)</b> .  <b>Analyzes risk/benefit</b> of diagnostic of therapeutic maneuver in <b>specific patient scenario</b> to suggest next step.
✓ selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPA 7: Communicate with patients and their support system regarding their care	<b>Poor rapport</b> , lack of respect Defaults to <b>jargon</b> . Misses nonverbal cues. Patients complain about <b>poor bedside manner</b> or interactions.		<b>Inconsistently</b> establishes a <b>rapport</b> with patient.  <b>Talks at patient</b> , mostly using medical <b>jargon</b> without confirming understanding. <b>Misses</b> many <b>nonverbal</b> cues.		Student able to <b>establish rapport</b> with patient and overall <b>communicates effectively</b> .  <b>Occasionally</b> uses medical <b>jargon</b> . <b>Recognizes</b> most <b>nonverbal</b> cues.		<b>REPORTER skills → → PLUS</b>  Establishes rapport that demonstrates <b>sensitivity</b> and <b>respect</b> . Uses <b>lay language</b> and <b>verifies understanding</b> . Tries to <b>sit</b> at bedside, <b>responds</b> to <b>nonverbal cues</b> .		<b>INTERPRETER skills → → PLUS:</b>  Picks up on <b>health literacy level</b> and nonverbal cues to <b>adjust tone, language, and touch</b> to best communicate with patient.
✓ selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPA 20: Use feedback to improve one's own practices	<b>Limited awareness</b> of deficits. <b>Does not acknowledge</b> deficits when offered constructive feedback.  <b>Does not modify behavior</b> in response to repeated feedback.		<b>Some self-awareness</b> of deficits. <b>Demonstrates</b> desire to <b>improve</b> .  Does not incorporate feedback consistently and/or <b>requires repeated attempts</b> at feedback to <b>improve</b> .		<b>Self-identifies</b> some areas for improvement. Engages with feedback provider.  <b>Improvement over time</b> in response to feedback, but <b>requires reinforcement</b> .		<b>Self-identifies</b> most areas for improvement, and acknowledges deficits in response to feedback.  Incorporates feedback in a <b>timely</b> fashion with <b>clear and sustained improvement</b> .		<b>Independently identifies</b> deficits and <b>implements strategies</b> for improvement without prompting.  <b>Actively seeks further feedback</b> to enhance quality of feedback received.

Please give any comments about the student: What were their strengths? Where did they grow? How can they improve in the future?

**Question:** Would you want to work with this person as an intern or resident? Circle one: **Yes. No. Possibly** – it would depend on additional factors  
*Comments required if "No" or "Possibly" circled.*

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